

North Carolina Institute of Medicine Task Force on Substance Abuse Services



Presentation to the Legislative Oversight
Committee on Mental Health, Developmental
Disabilities and Substance Abuse Services
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Pam Silberman, JD, DrPH
President & CEO





NC Institute of Medicine

- An independent, quasi-state agency chartered by the NC General Assembly in 1983
- Provides balanced, nonpartisan information on important health issues facing the state
- Convenes task forces of knowledgeable and interested individuals to study complex health issues facing the state in order to develop workable solutions
- Studies health issues at the request of the NCGA, state agencies, foundations, health professional organizations, and others



● ● | Legislative Charge

- The NCGA asked the NCIOM to convene a task force to study substance abuse services in NC
 - Section 10.53A of Session Law 2007-323
- Requested to make interim report and recommendations to the 2008 session and a final report to the 2009 session
- Task Force chaired by Rep. Verla Insko, Sen. Martin Nesbitt, and Dr. Dwayne Book
 - Includes 52 other members



Substance Abuse Problems in North Carolina

- According to the National Survey on Drug Use and Health:
 - 642,000 people 12 years and older (7.7% of people 12 years or older) in North Carolina reported illicit drug use in the past month
 - 1.63 million people in North Carolina (19.5% of people 12 years or older) reported alcohol binge drinking

- Approximately 709,000 people reported either alcohol or drug abuse or dependence in North Carolina***



• Most do not receive treatment
Source: 2005-2006 NSDUH data, using 2008 NC population estimates.

Substance Abuse Has Large Costs to Society



- North Carolina spent \$138 million in 2006 to fund the public substance abuse services system
- In addition to direct treatment costs, there are significant indirect costs:
 - 5% of traffic accidents are alcohol related (27% of traffic related deaths)
 - In NC, 90% of all those entering the prison system need substance abuse services
 - ~40% of juvenile offenders in the court system have underlying substance abuse problems



Substance Abuse Has Large Costs to Society

- Substance abuse is one of the leading contributors to:
 - Child abuse and neglect
 - Loss of child custody
- *Alcohol and drug abuse estimated to cost the North Carolina economy over \$12.4 billion in direct and indirect costs in 2004*

Prevention, Diagnosis and Treatment is Difficult



- A large percentage of individuals with substance abuse problems do not recognize they have a problem
- Many who know they have a problem do not seek treatment
 - Stigma attached to the condition
 - The substance abuse service system is not always accessible, or may not offer services the clients want or need
 - Substance abuse services are not readily available in a primary care setting
- As a result, only about 10% of the people in North Carolina with addiction problems obtain treatment services

Addiction is a Chronic Illness

- Historically, society has viewed addiction as an acute illness
 - We expect people to go into treatment and be “cured”
 - If a person relapses, we consider this relapse a moral failure
- However, addiction is really a chronic illness that affects the brain
 - Addiction has adherence and relapse rates similar to other chronic illnesses
- ***We need to change the current treatment paradigm from an acute-care “curative” model to a long-term management of chronic illness model***



Addiction is a Chronic Illness

Chronic Disease	Substance Abuse	Asthma	Diabetes	Hypertension
Adherence	~60%	60%	<40%	<40%
Relapse/Recurrence	40%-60%	50%-70%	30%-50%	50%-70%
Genetic Inheritance	.34-.61	.36-.70	.30-.55	.25-.50
Cure?	No	No	No	No
Research-based Treatment Guidelines and Protocols?	Yes	Yes	Yes	Yes
Parity With Other Medical Conditions?	No/Yes	Yes	Yes	Yes

Sources: McLellan 2000 JAMA, except SA adherence: Gilmore, Lash, Foster, Blosser.

Adherence to Substance Abuse Treatment: Clinical Utility of Two MMPI-2 Scales. Journal Of Personality Assessment, 77(3), 524-540. Bottom seven rows from "Comparisons Among Alcohol-Related Problems, Including Alcoholism, and Other Chronic Diseases." Ensuring Solutions to Alcohol Problems, George Washington University Medical Center. Available on line at: http://www.ensuringsolutions.org/usr_doc/Chronic_Disease_Comparison_Chart.pdf

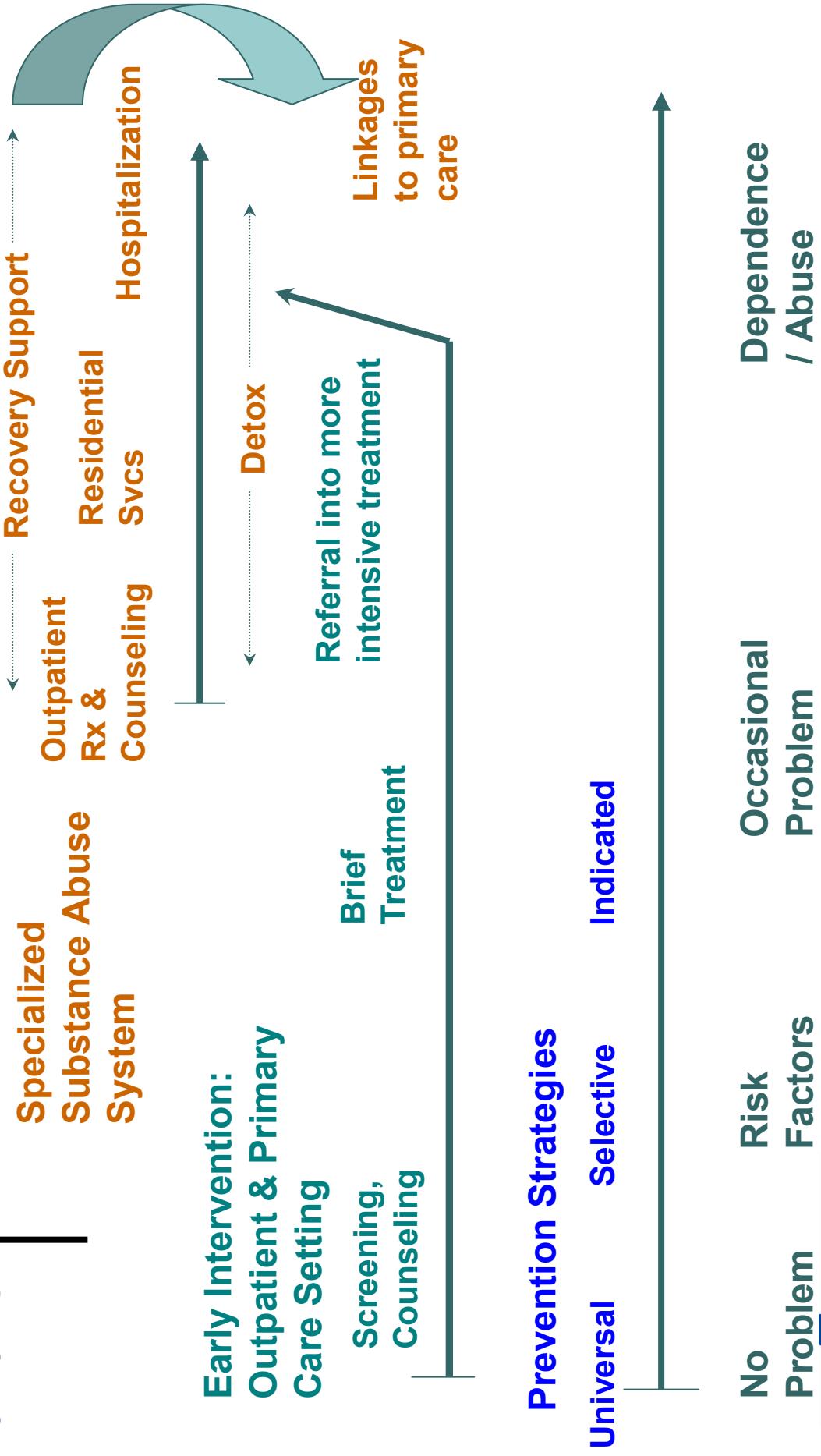


Comprehensive System of Substance Abuse Services



- To effectively address this problem, North Carolina needs to create a comprehensive substance abuse service system
 - *Prevention*—start with prevention to delay initiation or prevent people from using alcohol, drugs, or tobacco
 - *Early intervention*—screen, counsel and refer people when they first start using/abusing alcohol, drugs, or tobacco
 - *Specialized services*—provide more intensive services for people with addiction or dependence problems
 - *Recovery support*—provide long-term recovery supports to help support people in recovery

Comprehensive Substance Abuse Services System



● ● Prevention

- Addiction is a disease that begins in childhood or adolescence
 - 38% of high school students had at least one drink in last 30 days
 - 36% have used marijuana
 - 19% currently smoke cigarettes

Adolescents are Particularly Vulnerable to Effects of Alcohol and Drugs

- ● ●

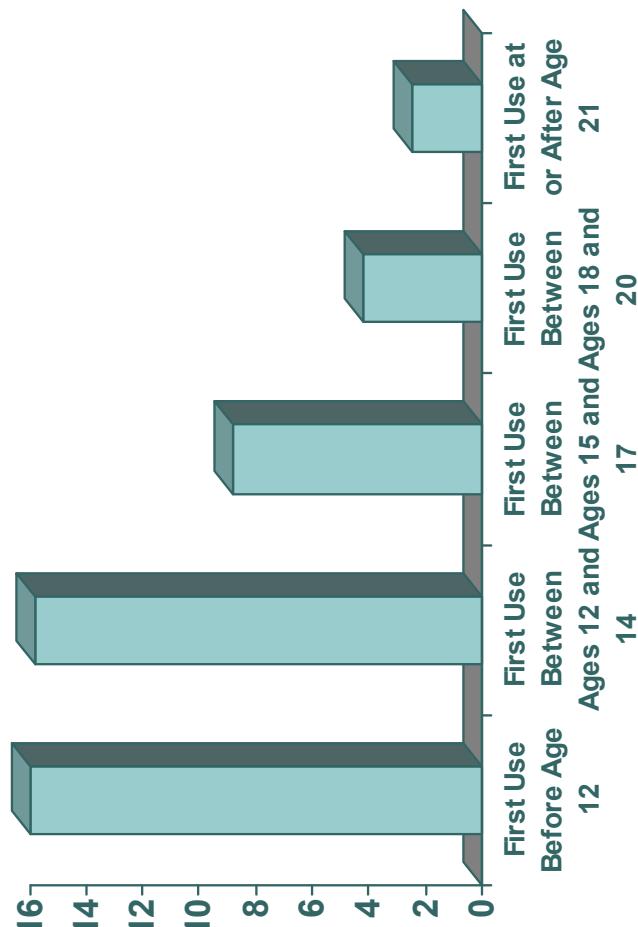
- Pre-frontal cortex controls decision making that involves longer-term trade-offs
 - But pre-frontal cortex is not fully developed until approximately age 25
 - As a consequence, adolescents are less focused on longer-term consequences of drug use
- Substance use or abuse can alter the normal maturation of the brain



● ● Prevention (cont'd)

- Prevention activities should be targeted to youth
 - People who start using alcohol, tobacco, or other drugs when they are young have a higher risk of later abuse or neglect

Early Initial Use of Alcohol Associated with Higher Risk of Abuse or Dependence (2007)



SAMHSA. The NSDUH Report: Alcohol Dependence or Abuse and Age at First Use. 2007.

● ● Prevention (cont'd)

- Prevention activities need to target alcohol, tobacco, and other drugs
 - Tobacco is often one of the first substances that children use
 - Alcohol is the most commonly used drug among youth
 - Use of alcohol is associated with death from injury, risky sexual behavior, and increased risk of sexual and physical assault
 - Need to offer universal, selective, and indicated prevention interventions
 - US Substance Abuse and Mental Health Services Administration (SAMHSA) has a registry of evidence-based prevention programs and practices:
www.nrepp.samhsa.gov



● ● | Prevention Recommendations

- **Rec. 4.1. (PRIORITY) The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS)** should develop comprehensive state and local substance abuse prevention plans.
 - The NCGA should appropriate \$1,945,000 in SFY 2010 and \$3,722,000 in SFY 2011 to DMHDDSAS to support this effort.
 - \$1,770,000/\$3,547,000 would be used to fund six comprehensive prevention pilot projects at local level
 - Pilots should be evaluated and, if successful, expanded to other parts of the state



● ● | Prevention ● ● Recommendations

- **Rec. 4.2.** The NCGA should direct State Board of Education, and the University and Community College system to review existing prevention plans and report to NCGA.
- **Rec. 4.3.** DMHDDSAS, Division of Public Health (DPH), Division of Alcohol Law Enforcement, and Department of Public Instruction (DPI) should develop a plan to further reduce tobacco and alcohol sales to minors.



● ● | Prevention ● ● Recommendations

- **Rec. 4.4. (PRIORITY)** The NCGA should increase tobacco tax to the national average. Funds should be used to support effective prevention and treatment efforts.
- Rec. 4.5. The NCGA should appropriate \$1.5 million to support the Quitline.
- **Rec. 4.6. (PRIORITY)** The NCGA should ban smoking in all public buildings, including but not limited to restaurants, bars and worksites

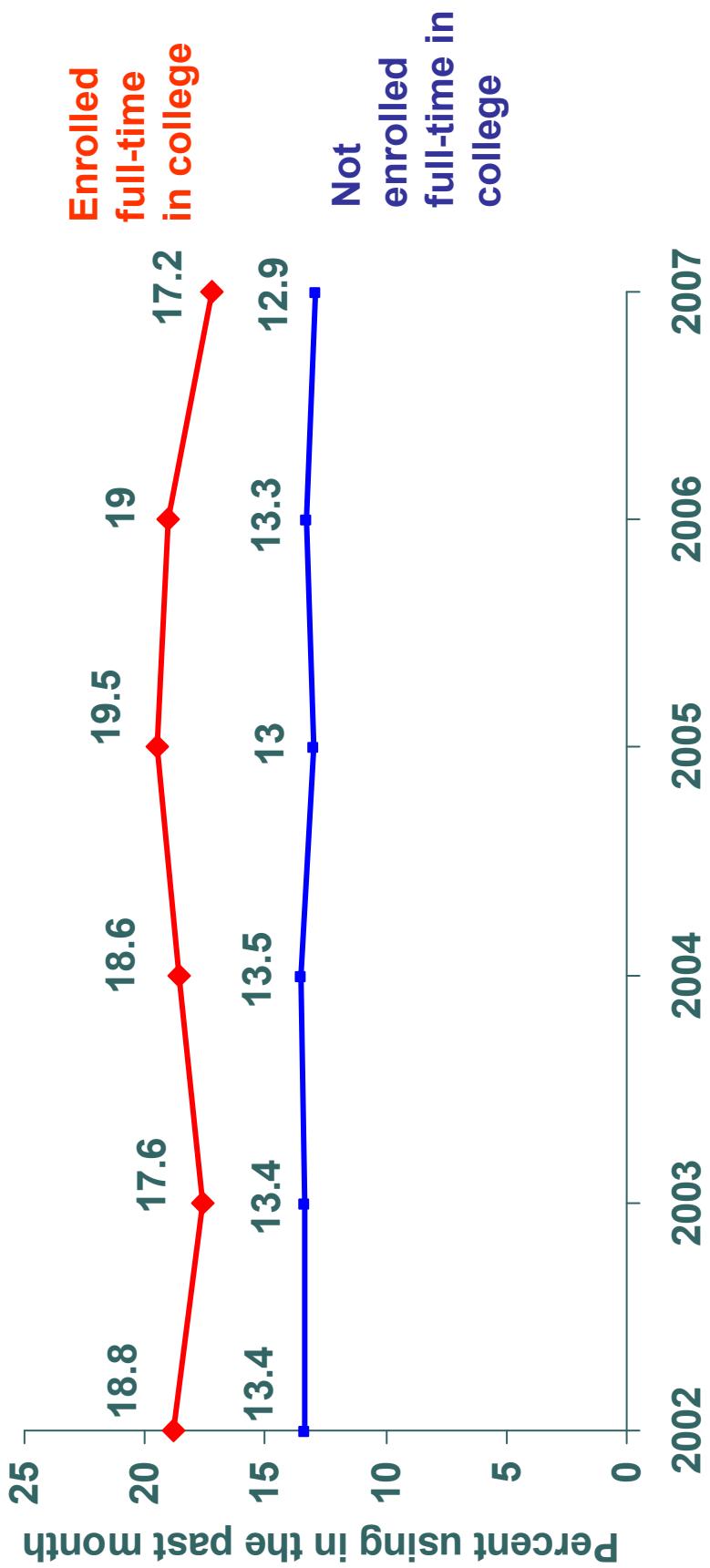


Use of Alcohol and Drugs

● ● | Highest Among Adolescents and Young Adults

- Use of alcohol highest among young adults (ages 21-29)
- Use of drugs highest among older teens and young adults (ages 17-25)
- Young adults 18-22 in college are more likely to drink than those who are not enrolled in college full-time

Heavy Alcohol Use Among Adults Ages 18 to 22, by College Enrollment: 2002-2007



Additional Prevention

Recommendations (After Interim Report)

- Nationally, 130 college presidents and chancellors signed a statement to encourage a broader discussion of the minimum legal drinking age (“Amethyst Initiative”)
- National data show that motor vehicle fatalities increased by 10% when drinking age lowered to 18, and decreased by 16% when the drinking age increased to 21

Prevention Recommendations

- **Rec. 4.7. (PRIORITY)** The NCGA should increase the excise tax on malt beverages (including beer), and index taxes on malt beverages and wine to the consumer price index. Funds should be used to support effective prevention and treatment efforts.
- Rec. 4.8. The NCGA should not lower the drinking age to less than 21.
- **Rec. 4.9. (PRIORITY)** College campuses should reduce high-risk drinking on college campuses.
 - The NCGA should appropriate \$610,000 in recurring funds to DMHDDSAS support these efforts.



● ● | Prevention ● ● | Recommendations

- **Rec. 4.10.** DMHDDSAS, DPH, DSS, and other providers should develop prevention plan to prevent alcohol spectrum disorders and report plan to LOC no later than July 1, 2009.
- **Rec. 4.11.** DMHDDSAS should work with the Attorney General's Office, Controlled Substances Reporting System (CSRS), and health professional groups to explore options to exchange information from the CSRS to other practitioners.



••• Early Intervention

- Goal of prevention efforts is to reduce the number of people who use, abuse, or become dependent on alcohol, tobacco, or other drugs.
- There are people who will use drugs despite prevention activities.
 - Important to intervene before the person is already addicted
- Primary care providers ideally situated to screen individuals to identify people who currently use alcohol, tobacco, and other drugs



● ● Early Intervention

- SAMHSA has developed evidence-based screening and brief intervention program for individuals who are at risk for substance abuse problems
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT) has been tested in primary care provider offices, emergency departments, hospitals, and other outpatient settings
 - Helps individuals who are at risk, but not yet addicted, to reduce the use of these substance
 - Helps link those with more serious addiction problems into treatment



● ● ● SBIRT Effective

- Research has shown that people are more likely to quit smoking if advised by physician, particularly if combined with other treatment and intervention
- Counseling also important as part of intervention for alcohol or drug use
 - Has been shown to be successful in reducing consumption of illegal drugs or binge drinking



Early Intervention Recommendations



- Rec. 4.12. NC health professional schools, AHEC, residency programs, and health professional associations should expand training on SBIRT
- **Rec. 4.13. (PRIORITY) DMHDDSAS** should work with the Office of Rural Health (ORHCC), Governor's Institute, and the Area Health Education Centers (AHEC) program to expand use of SBIRT in primary care and outpatient settings--targeted to CCNC practices.
 - The NCGA should appropriate \$1.5 million to DMHDDSAS to support this effort.



Early Intervention Recommendations



- Rec. 4.14. The NCGA should direct NC Health Choice to pay for annual wellness visit for children and adolescents.
- Rec. 4.15. The ORHCC should facilitate the co-location of substance abuse professionals in primary care practices
 - The NCGA should appropriate \$750,000 in recurring funds to ORHCC to support this effort.
- **Rec. 4.16. (PRIORITY)** The NCGA should mandate that insurers offer same coverage for treatment of addiction diseases as other physical illnesses, and should provide reimbursement for substance abuse brief counseling



Specialized Substance Abuse Services

- Individuals who have addiction problems need more intensive services
 - The specialized substance abuse services are offered primarily through the DMHDDSAs, Local Management Entities (LMEs), and contracted providers
- People with substance abuse problems need a range of services to match their needs and choices
 - Comprehensive system should offer screening, assessment, brief intervention, outpatient services, medication management, intensive outpatient and partial hospitalization, clinically managed low-intensity residential services, clinically managed medium-intensity residential treatment, inpatient services, crisis services, detoxification
 - Also need access to recovery support to help people live without alcohol, tobacco, and other drugs

••• | LMEs Are the Gateway for Specialized Services

- Local Management Entities (LMEs) serve as the gateway for most people who seek specialized substance abuse services
- However, LMEs not serving most in need:
 - LMEs serve between 4% and 11% of estimated need for children
 - LMEs serve between 5% and 11% of estimated need for adults



Many LMEs Do Not Engage Consumers Actively in Treatment (4th Qtr, SFY 2008)

Active Participation Standard (DMHDDSAS Performance Targets)	# LMEs Meeting Targets	% of Consumers Who Receive Care Acc'g to Standards
Individuals receive 2 visits within 14 days (71%)	3	36%-82%
Individuals receive 4 visits within 45 days (50%)	6	27%-63%
Individuals receive community based services within 7 days of discharge (36%)	5	0-53%



Community Systems Progress Report: Fourth Quarter SFY 2007-2008

Specialized SA Services

Recommendations

- **Rec. 4.17. (PRIORITY) DMHDDSAS should develop plan for recovery oriented system of care for adults and adolescents and ensure that services are available and accessible across the state**
 - Should develop performance-based contracts to ensure timely engagement, active participation in treatment, retention, program completion, and participation in recovery supports
 - Identify barriers and strategies to increase quality and quantity of substance abuse providers in the state
 - Immediately begin expanding capacity of adolescent treatment services
 - Report back to the Legislative Oversight Commission on Mental Health, Developmental Disabilities and Substance Abuse Services on progress in achieving goals



Specialized SA Services

Recommendations

- Rec. 4.18. DMHDDSAS should develop 6 pilot programs to implement county or multi-county recovery oriented systems of care. The pilots should be evaluated and if successful, implemented statewide.
 - The NCGA should appropriate \$17.2 million SFY 2010 and \$34.4 million SFY 2011 to DMHDDSAS to support this effort.
- **Rec. 4.19. (PRIORITY)** Additional state funding is needed to increase state staff to support these recommendations.



● ● | Specialized Systems for Subpopulations

- In addition to the LME system offered to general population, other services targeted to specific subpopulations, including:
 - Juveniles in juvenile justice system
 - Adults in the workplace
 - Adults involved in Work First or Child Protective Services system
 - Adults in criminal justice system
 - Active or retired military personnel



● ● | Juvenile Justice System

- Department of Juvenile Justice and Delinquency Prevention (DJJDP) charged with providing treatment and intervention services to reduce delinquency
 - 43% of juveniles in the DJJDP system are in need of further assessment or treatment for substance abuse
 - DJJDP and DMHDDSAS provide services to juveniles in need of substance abuse services
 - MAJORS provides screening and assessments, therapy, life skills training, and ongoing monitoring
 - Improvements needed to coordinate care between DJJDP system, substance abuse providers, and juvenile courts



● ● | Juvenile Justice Recommendations

- Rec. 5.1. DMHDDSAS and DJJDP should develop and pilot models to better coordinate services across agencies.
 - The NCGA should appropriate \$500,000 to DMHDDSAS to support this effort.

● ● | Employee Assistance Programs (EAP)

- Employees with addiction disorders often create problems on the job
 - Can affect employee job performance or work environment for other employees
 - Nationally, loss of productivity from depression, alcohol and drug addiction estimated to cost businesses \$287 billion/year.
- Some businesses offer EAP program to help resolve employee productivity problems, including substance abuse
- However, there is a problem with availability and quality of EAP providers.



Employee Assistance Program (EAP) Recommendations



- Rec. 5.2. LMEs should assess the availability and need for EAP services in their catchment areas. If there are insufficient numbers of providers, LMEs should work with local business representatives to develop a strategy to expand EAP services.
- Rec. 5.3. By 2014, the NCGA should ensure that all individuals holding themselves out as EAP providers are licensed or working under a licensed EAP provider. All organizations that promote themselves as offering EAP services should be required to provide statutorily defined core services.

● ● | Adults Involved in Work First or Child Protective Services

- Work First is intended to move families with dependent children from welfare to self-sufficiency
 - Substance abuse problems of parents is a major barrier to achieving self-sufficiency
- Nationally estimated that substance abuse is one of the underlying problems of 75% of the children entering the foster care system (Child Protective Services)

● ● | Adults Involved in Work First or Child Protective Services

- LMEs outstation substance abuse professionals in DSS offices to coordinate substance abuse services for adults who have addiction disorders
 - However, there are insufficient numbers of substance abuse professionals to meet the needs
- Rec. 5.4. DMHDDSAS should hire additional substance abuse professionals to work with parents in the Work First or Child Protective Services System.
 - The NCGA should appropriate \$475,000 to DMHDDSAS to support this effort.



● ● | Criminal Justice System

- Many of the people arrested for criminal activities have underlying addiction disorders
 - More than one-fourth of all fatal motor vehicle crashes
 - 90% of criminals who enter prison system
 - Specialized systems available to people
 - Some offenders go through drug courts
 - DWI system
 - Community corrections for people on probation or community sentencing
 - Prison system for those with more serious offenses



● ● ● Criminal Justice System

- DMHDDSAS provides care management to people with addiction disorders who are on probation or in community corrections through Treatment Accountability for Safer Communities (TASC)
 - Services available through the Criminal Justice Partnership Program (CJPP), funded through the Division of Community Corrections (DCC)
 - NC Sentencing and Policy Advisory Commission found that adult offenders who received TASC and completed treatment were less likely to be rearrested over the next two years.
 - TASC funding only sufficient to serve approximately 25,000 of the 75,000 who need services.





Criminal Justice System

- Rec. 5.5. DMHDDSAS should expand availability of TASC services.
 - The NCGA should appropriate \$2.8 million in SFY 2010 and \$2.8 million in SFY 2011 in recurring funds to DMHDDSAS to support this effort.
- Rec. 5.6. DCC should expand the availability of CJPP-funded substance abuse services.
 - The NCGA should appropriate \$500,000 in recurring funds to DCC to support this effort.



Criminal Justice System

- Drug courts have been shown to be effective in engaging people with addiction disorders into active treatment.
 - NC operates family drug courts, juvenile drug courts, and adult drug courts.
 - Typically these courts begin with federal grant funds, but need ongoing state funds to sustain.
- **Rec. 5.7 (PRIORITY).** Administrative Office of the Courts (AOC) should expand adult drug treatment courts, treatment services, and probation officers to support drug treatment courts.
 - The NCGA should appropriate \$500,000 in SFY 2010 and \$500,000 in SFY 2011 to AOC (to expand adult drug treatment courts), and another \$570,000 each year (for treatment services through DMHDDSAS and probation officers through DCC to support drug treatment courts).





Criminal Justice System

- 90% of offenders have been found to need substance abuse services when they enter the prison system.
- 63% have severe addiction disorders needing residential treatment.
- Availability of treatment beds has not kept pace with needs:
 - Between SFY 2001-2007, prison population grew by 20%, but treatment beds declined by 21%
 - Only about one-third of inmates who need treatment receive it



● ● | Criminal Justice System

- Rec. 5.8. The Department of Correction (DOC) should expand the availability of treatment services to adults in the prison system, as well as residential services for those on probation or parole.
 - The NCGA should appropriate \$4.5 million in recurring funds to DOC to support this effort.



● ● ● **Active and Retired Military**

- There are 107,000 active duty personnel based at one of the NC military bases or deployed overseas, and another 11,500 who serve in the National Guard or reserves
- There are 773,630 veterans living in NC
- Approximately one-fourth of active and retired military personnel report alcohol or drug problems, many others suffer from post traumatic stress disorder (PTSD) and/or depression



● ● ● **Active and Retired Military**

- Many returning veterans receive their health care services from civilian health professionals
 - But not all civilian health professionals may recognize or screen for PTSD, depression, or substance abuse
 - Veterans Administration offers some training for civilian health professionals, but more is needed
 - Other services are available through the Veterans Administration but not fully accessed, such as housing for homeless veterans





Active and Retired Military

- Rec. 5.9. The Veterans Administration should continue to work with appropriate partners to provide training for mental health and substance abuse professionals, LMEs, primary care providers, school personnel, and others about the medical and behavioral health needs of veterans and their families.
- The NCGA should also appropriate \$200,000 in SFY 2010 to pay the 35% match for the Veterans Administration Homeless Providers Grant and Per Diem program for transitional housing for homeless veterans with substance abuse or mental health disorders.



Substance Abuse Workforce



- North Carolina needs qualified substance abuse professionals in order to ensure that people with addiction disorders receive prevention, early intervention, treatment, and recovery supports.
- However, there is a severe shortage of licensed or credentialed substance abuse professionals.
 - Eight counties with no professionals.
 - Range in other counties—from 1 provider for every 48 people with a substance abuse disorder (Polk) to 1 provider for every 3,092 (Pasquotank)

Substance Abuse Professionals



- **Rec. 6.1. (PRIORITY)** North Carolina should develop a scholarship program to increase the number of qualified substance abuse professionals.
 - Funding should be available for people who pursue appropriate degrees in community colleges or universities including associate, undergraduate or and masters degrees.
 - People who receive scholarships would be required to work in a public or private non-profit substance abuse agency for one year for every \$4,000 received in scholarships.
 - The NCGA should appropriate \$750,000 in recurring funds in SFY 2010 increasing to \$2.0 million in SFY 2013.



Substance Abuse Professionals



- More work is also needed to better train existing health professionals in substance abuse.
- Rec. 6.2. AHEC should develop and support new residency training rotations for psychiatrists, family physicians, emergency medicine, or other physicians likely to enter the addiction field.
- The NCGA should appropriate \$200,000 to AHEC to support this effort.
- Rec. 6.3. The NC State Personnel Commission should reevaluate and increase pay grades for substance abuse professionals with appropriate credentials recognized by the NC Substance Abuse Professional Practice Board.

● ● ● Data Needs

- Policy makers need good data to make informed policy choices.
- We know that many North Carolinians have addiction problems, but few people are receiving treatment for these problems.
 - LMEs have been unable to spend all of their substance abuse funds, despite the large number of people who need, but are not receiving services.
- We need better data to profile populations most at risk; the types of services needed; availability and accessibility of services; service use, intensity and completion rates; and recidivism rates.



Data Recommendations

- Rec. 5.1. DMHDDSAS should enhance and expand current data system, including the development of an electronic health record and additional analytic capacity to understand barriers that prevent LMEs and other providers from engaging consumers in treatment.
 - The NCGA should appropriate \$1.2 million to DMHDDSAS to support this effort.
- Rec. 5.2. DMHDDSAS should work with other agencies, including DJJDP, DOC, and other DHS agencies to collect comprehensive data on substance abuse prevention and treatment services and people served.
 - The NCGA should adopt an equalization formula to ensure that LMEs receive comparable funding to achieve equity in access to care and services.

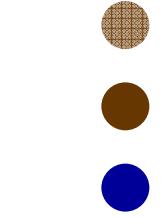
● ● | Return on Investment

- Investing in substance abuse prevention and treatment works.
- SAMHSA estimates communities can save \$5 for each \$1 invested in prevention.
- Other studies suggest investments in substance abuse treatment can exceed costs by a ratio of 12 to 1.



● ● | North Carolina Cannot Afford to Wait

- Investing in prevention, early intervention, and treatment services costs money.
- However, the cost of not providing these services is much greater over the long term in increased health care costs, lost worker productivity, broken families, increased costs of incarceration, and lost lives.



For More Information

- Pam Silberman, JD, DrPH
President & CEO
North Carolina Institute of Medicine
919-401-6599 Ext. 23
pam_silberman@nciom.org

